

Coach Locks Unlimited, LLC

2024 Consent and Waiver

Please return this form filled out completely. We cannot admit any camper without the completed waiver

FIRST NAME: _____ LAST NAME: _____

CAMP DATE: _____ CAMP TEAM NAME (7 ON 7 ONLY) _____

PARENT CONSENT, WAIVER AND RELEASE

In consideration of the **Coach Locks Football Camps, LLC** acceptance of _____ (camper's name) as a participant in the sports camp for the period in the date indicated above, and in return for the opportunity to participate in camp:

It is agreed upon that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/ or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto. **Coach Locks Football Camps, LLC** will be financially responsible for and has insurance that will cover most injuries/accidents occurring during camp (subject to policy terms, and conditions and limits) but only as secondary coverage after parent's/guardian's insurance has paid.

I hereby certify that the above named participant is physically able to participate in the **Coach Locks Football Camps, LLC** and that I know of no physical impairments which would in any manner limit his/her participation in such a program. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by **The Coach Locks Football Camps, LLC** to administer outpatient medical, surgical, or dental services as appropriate or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to other duly licensed medical personnel when necessary.

In consideration for honoring the participant's request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge the **Coach Locks Football Camps, LLC**, and its administrators, its respective entities, faculty members, employees, agents, and students from any claims that I might have myself or could bring on the participants behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity. I also hereby agree to save, hold administrators, faculty members, employees, agents, and students against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his/her participation in the above activity. **I recognize that this release means that I am giving up, among other things, rights to sue the Coach Locks Football Camps, LLC The University of Maryland, or its Board of Trustees, its respective entities, administrators, faculty members, employees, agents or students for injuries, damages or losses that my child may incur.**

MEDICAL INSURANCE INFORMATION:

COMPANY NAME: _____ PHONE#: _____

GROUP NUMBER: _____ ID NUMBER: _____

MEDICAL HISTORY IF PERTINENT: (PLEASE RIGHT NONE IF APPLICABLE)

MEDICATIONS: _____

OTHER SPECIAL CONSIDERATIONS: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION: _____ PHONE NUMBER: _____